

**HAMPTON REGIONAL HOUSING REHABILITATION PROGRAM**  
**Hampton, Brooklyn, Chaplin, Eastford, Pomfret & Scotland**  
**CONTRACTOR REGISTRATION FORM**  
**SUPPLEMENTAL FORM**

Dear Contractor:

Your assistance in filling out this supplemental form is requested. This information will allow the Program to respond to Federal & Connecticut State requirements concerning employment and economic opportunity (Section 3 reporting requirements). **The answers supplied will have no effect on your eligibility to participate in the Program.**

The following information should assist you in answering the questions below. After establishing the proper location category from #1-3 below, match that category with the two-page "Income Limits" table attached at the end of this form.

1. The income limits to be used depend on the home address of the respondent. If the person answering resides in Andover, Avon, Ashford, Barkhamsted, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, Colchester, Columbia, Coventry, Cromwell, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Haddam, Hartford, Harwinton, Hebron, Lebanon, Manchester, Mansfield, Marlborough, Middlefield, Middletown, New Britain, New Hartford, Newington, Plainville, Plymouth, Portland, Rocky Hill, Simsbury, Somers, Southington, South Windsor, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Willington, Winchester, Windham, Windsor, or Windsor Locks, **Hartford PMSA limits** would be used.
2. If the person answering resides in Chaplin, Brooklyn, Eastford, Hampton, Killingly, Pomfret, Putnam, Scotland, Sterling, or Woodstock, **Windham County limits** would be used.
3. If the person answering lives in a community other than one listed above, please call the Hampton Housing Rehabilitation Office, and we will send the appropriate set of limits.
4. Individuals who file a federal tax return as **self-employed** should use adjusted gross income **plus** the gross incomes of other non-self-employed household members 18 years of age or older (except those who are full-time students) when calculating income.

Please answer each of the following:

- a) Do at least 51% of the owners of this business meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? **or** 2) qualify as "low-income" households as determined by household size as indicated on the accompanying chart titled Income Limits? **and** 3) seek to receive employment preference as an eligible section 3 resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to the above question, please indicate the number of owners of this company.

\_\_\_\_\_

- b) Do 30% of your full-time employees meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? or 2) qualify as "low-income" as determined by household size as indicated on the attached chart titled Income Limits? or 3) have been employed by your firm for no more than three years and satisfied criteria 1) or 2) during any of that three year period? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Do you subcontract with businesses which provide economic opportunities to low income persons? \_\_\_\_\_ Yes \_\_\_\_\_ No Will you commit to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet the qualifications of a Section 3 Business as set forth in a) & b) above? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form along with your registration to:

Hampton Regional Housing Rehabilitation Program  
P.O. Box 143  
Hampton, CT 06247